

## ROSTER / REGISTRATION FORM

**Team Name** \_\_\_\_\_

**Managers Name** \_\_\_\_\_

Name (Printed)	Code*	Age	Address/City/Zip	Day Phone	Signature	Date	Shirt Size
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\* Code: 1- Resident    2- Full-Time Employee in Ionia    3-School District    4-Non Resident

In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me, my child, ward or heir to participate in any program(s) or event(s) pertaining to the City of Ionia, Department of Parks and Recreation or the Ionia School District, I the undersigned, or if under 18 my parent or guardian, INTEND TO BE LEGALLY BOUNDED HEREBY WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHETHER BASED UPON NEGLIGENCE OR ANY OTHER THEORY OF LAW, which I, my child, ward, or heir and our parents, guardians, heirs, executors, representatives, administrators, and assigns that may have against the City of Ionia, Department of Parks and Recreation, the Ionia School District, any affiliates, or subsidiaries, officers, directors, shareholders, agents, employees associated with said corporations and associations, the municipalities or counties in or through which the programs or events take place or are conducted, as well as any other person, entity, or sponsor connected with such programs or events, and their heirs, executors, representatives, administrators, successors assigns, affiliates, officers, subsidiaries, directors, shareholders, employees or agents, FOR ANY AND ALL INJURIES OR DAMAGES, INCLUDING DISABILING INJURY AND / OR DEATH WHICH I, MY CHILD, WARD, OR HEIR MAY SUFFER while taking part in such programs or events as a result thereof.

**BY SIGNING THIS WAIVER I VERIFY THAT I HAVE READ THIS AGREEMENT AND ALL PARTICIPANTS DO SO AT THEIR OWN RISK AND BY SIGNING THIS WAIVER HAVE VERIFIED AND AGREED THAT SAID WAIVER WAS SIGNED IN THE PRESENCE OF A CITY OF IONIA PARKS AND RECREATION STAFF PERSON**